1 PLACE OF RIPTIL	NA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No. 40
I. PLACE OF BIRTING	STANDARD CERTIFICATE OF BIRTH . Registered No. 707
County / / / County	State Uruzona
District or Township	//
City Mami	No. Mami. Jusp, Aprila St. Ward
has a symmetric instead of street and number)	
2. Full name of child	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twi	d, triplet or other
11 7-0 - 4 - 1/0 1 - 4 - 4	of birth Day Year
8. FATHER	14. MOTHER
Full name & D B Aud	Full maiden name
Will Mayn	- Mail glanda Mullin
9. Residence (Usual place of abode)	Mami, 15. Residence (Usual place of nbode) (Wiami)
If non-resident, give place and state.	ond. If non-resident, give place and state. On 10 ma.
	16. Color or race
Cauc. 11. Age at last birthday	ay 3 (Years) AMC . 17. Age at last birthday 19 (Years)
CAVIADA	A - 10 A-
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) YUVas ko	(State or country) Obla
13. Occupation Brakeman	19. Occupation
Nature of industry	Nature of industry
20. Number of children of this mother.	1) Stousewife
(Taken as of time of birth of child herein	(a) Born alive and now living 21. Were precautions taken against oph-
certified and including this child).	(c) Stillborn
CERTIFICA	ATE OF ATTENDING PHYSICIAN OR MIDWIFE + 720
I hereby certify that I attended the birth of this child	(Bogn alive or stillborn) at A: m. on the date above stated.
*When there was no attending physician or midwife, then the father, householder, Signature Ouril, M. Lonou M. D.	
child is one that neither breathes nor	Physician
shows other evidence of life after birth.	(Physician or midwife).
a supplemental report	Address / Wame, Uniona.
	Filed Sipt 20 18 18 Ce. E. Dry
Registrar,	Registrar,
that am EU2	